

Bureau of Professional Licensing PO Box 30670 ● Lansing, MI 48909 Telephone: (517) 335-0918 www.michigan.gov/bpl BPLData@michigan.gov

VERIFICATION REQUEST FOR LIMITED LICENSED COUNSELOR

NOTE: Only use this form for a certified license verification if you want the verification to include earned supervision hours. If you do not need the license verification to include supervision hours, please visit www.michigan.gov/bpl and select "Certified License Verification" to order online.

Requestor's First Name	Middle Name	Last Nam	ne
Requestor's Email Address		Requestor's Telephone Number with Area Code	
Provide name of individual seeking verification for		MI Permanent ID/License Number (if applicable/known)	
How do you want verification sent to recipient: (Check ONLY ONE)		If sending via email, list recipient's email address here	
EMAIL US POSTAI	SERVICE		
If sending via US Postal Service, provide recipient's name/association/US State or entity to send verification to			
Street Address to send verification to			
City		State	Zip Code
FEE PAYMENT INFORMATION:			
Submit a \$15.00 fee and a separate form for <i>EACH</i> verification needed and mail to P.O. Box30670, Lansing MI 48909.			
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH . Fees are non-refundable.			
FOR OFFICE USE ONLY - FEE CODE 6401-51			

LARA/BPL-LLPC-Health (Rev. 12/15/2021)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.